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02/12/24 • COVID › VIEWS

Think WHO Shouldn't Make Decisions About Your Health? You Must Be a Conspiracy Theorist

As negotiations over the World Health Organization's International Health Regulations and "pandemic treaty" reach fever pitch, Rob Verkerk, Ph.D., examines why the plan is so controversial, why it transgresses medical ethics principles and fundamental rights, and why its detractors get labeled conspiracy theorists.

By **Alliance for Natural Health International**

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By Rob Verkerk, Ph.D.

Topline

- As negotiating time over the International Health Regulations (IHR) and "pandemic treaty" runs out, misinformation and disinformation abound on all sides.
- Fundamental to the proposal is the notion of moving the locus of control from the individual, side-stepping the physician, and putting faceless, unelected and unaccountable bureaucrats in charge of health during times of international public health emergencies and pandemics.
- The World Health Organization (WHO) plan is claimed to be all about equity and fairness, but it runs contrary to many fundamental human rights and long-standing principles of medical ethics.
- The current negotiations are fundamentally undemocratic and most elected representatives who have spoken out have found themselves isolated and branded as conspiracy theorists.

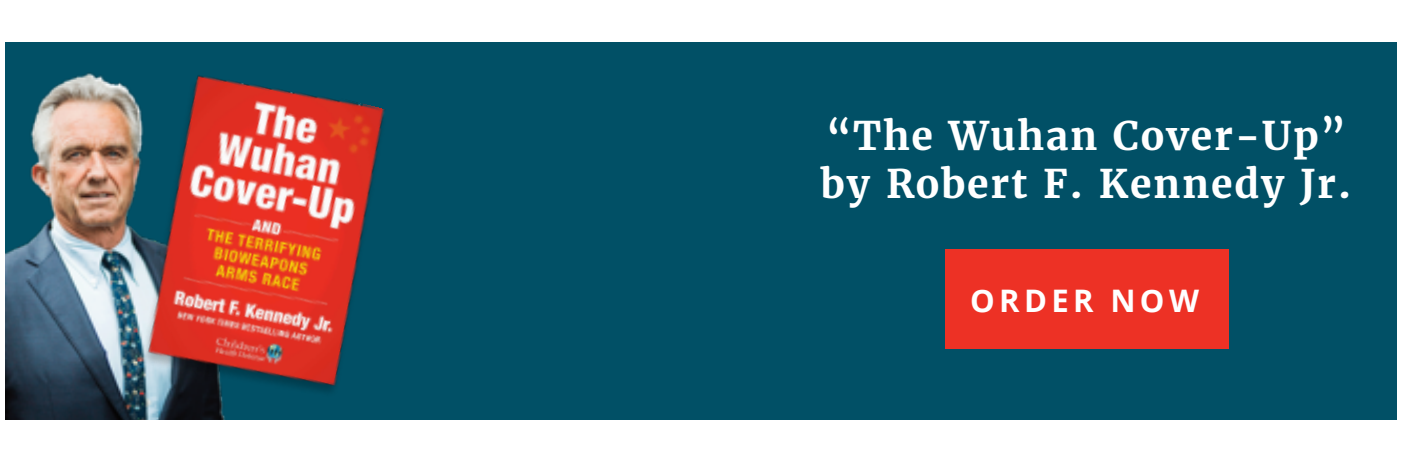
"Every human being of adult years and sound mind has a right to determine what shall be done with his own body." — Justice Benjamin N. Cardozo, 1914

Once upon a time

In a Supreme Court decision in New York back in 1914, Justice Cardozo set one of the most important foundation stones for modern medical ethics, the principle of autonomy in healthcare decision-making.

This wasn't a new idea, it is one enshrined in many ancient texts, such as the Vedic texts of India and the Nei Ching of Chinese Medicine.

The importance of this ethical principle in healthcare was reinforced more recently by German philosopher Immanuel Kant (1724-1804) and the English philosopher John Stuart Mill (1806-1873) before being firmly set by Tom Beauchamp and James Childress in 1979.



"The Wuhan Cover-Up" by Robert F. Kennedy Jr.

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Autonomy: ready for sacrifice?

In a modern context, building on the views of Kant, autonomy means that all persons have intrinsic and unconditional worth, and therefore, should have the power to make rational decisions and moral choices, and each should be allowed to exercise his or her capacity for self-determination.

But autonomy as a medical ethics principle is now under unprecedented threat, globally.

The source of that threat is the most powerful health authority in our increasingly globalized world; the Swiss-based, unaccountable, international non-profit organization known as the WHO.

The scale and nature of the threat will become apparent in the coming months, during the lead-up to the voting by 196 countries at the next meeting of the World Health Assembly (WHA) in Geneva between May 27 and June 1.

The votes will determine how countries should respond in the event of future pandemics or global health emergencies, circumstances we are told over and over again we should come to expect more often than in the past.

The global plan is being driven by the WHO and its leading funders, the top six, in descending order of contribution, being Germany, the Bill & Melinda Gates Foundation, the U.S., the European Commission, the GAVI Alliance, and the United Kingdom (U.K.).

If the WHO declares another pandemic or "public health emergency of international concern" (PHEIC), something it can do unilaterally based on very limited criteria, the plan if enacted, will involve an international response, and consequent national responses, that run quite differently to our recent experience of the COVID-19 pandemic between March 2020 and May 2023.

It should be noted that a single individual, namely the director-general of the WHO, currently Dr. Tedros Adhanom Ghebreyesus, has the sole power to declare a PHEIC, and this one individual is unelected by the people, unaccountable and has immunity from prosecution by virtue of "diplomatic immunity."

If you thought the COVID-19 pandemic response by governments, health authorities, corporations and the media last time around was too heavy-handed, too top-down or too authoritarian, don't imagine the next one will be more even-handed.

Conversely, if you thought the response wasn't sufficiently robust, that lockdowns weren't forceful or long enough, that there wasn't enough testing, tracking or surveillance, that mask-wearing wasn't mandated sufficiently, that people were given too much leeway to travel, that previously untrialled, novel genetic vaccines weren't rolled out quick enough or in sufficient number, or that those who exercised their right of refusal weren't penalized sufficiently, well … you're going to be thrilled with what's in the pipeline.

The next time round, the pandemic response by nations and international authorities will almost certainly be more authoritarian and control will be much more centralized, masterminded from the WHO headquarters in Geneva.

Countries will have a binding responsibility to comply with their masters at the WHO, and rich countries will have to gift lots of their hard-won money and healthcare products to poorer countries.

All in the name of health equity, very much the buzzword of the current negotiations. This is at least the vision of many of the most powerful world leaders — on both the political and corporate stage.

And here's the thing, to make this happen, it means ditching or, at least, severely limiting, individual decision-making of health, the fundamental tenets of "autonomy," one of four foundational pillars of modern medical ethics.

It also means kissing goodbye to the joint decision-making that has long existed between physicians and the public and passing that responsibility to faceless institutions and authorities who have zero understanding of your health status, your resilience or sensitivities, your health needs or your circumstances.

Moving the locus of control over health by taking health responsibility away from the individual, bypassing primary care physicians or other community-based health practitioners, and passing it to a faceless bureaucracy should be an anathema.

At least to the many thousands of us who have been working tirelessly towards increasing people's access to personalized and individualized systems of health that are tailored to the needs, circumstances and environment of each person.

The two key negotiating tables

The detail of how the global pandemic response is expected to be achieved, and exactly what mechanisms and processes will be brought to bear on us mere mortals in the event of the next global public health emergency, is currently unknown.

That's because it's all still on the negotiating table, and negotiations are at a fever pitch right now, with significant parts of it going on behind closed doors and most of it being unreported by the mainstream media.

There are two negotiating tables involved, but both are controlled by the very organization that is primed to become the supreme power broker in the event of the next health emergency, the WHO.

Let's take a quick look at these two negotiating tables, and offer you their respective hyperlinks so you can do your own digging should this appeal.

One is the Working Group on Amendments to the International Health Regulations (WGIHR) which is currently dealing with over 300 amendments to the existing International Health Regulations of 2005, many of which strengthen the power of the WHO and weaken national sovereignty in the event of a PHEIC.

The other is the Intergovernmental Negotiating Body (INB) that is responsible for drafting and negotiating the so-called "pandemic treaty" (increasingly referred to as an "accord" so escapes the definition of "treaty" and can side-step parliamentary or congressional approval), that is an "international instrument under the Constitution of the World Health Organization [that intends] to strengthen pandemic prevention, preparedness and response."

The WHO likes to claim that the nearly 200 countries that are members of the WHO are running the show in each of these two negotiations. This view is meant to make us feel that the process is democratic and that it is the will of the people.

But that's a pipe dream. There are a few powerful players, like the U.S., Germany, the unelected European Commission and the U.K., and these have the ability to coerce other countries who will likely face penalties if they don't play by the emerging global rules.

There are many ways smaller and less developed countries can be forced to play by the rules. Two important devices include the building or breaking of trading relationships, or the conditions under which international loans, such as those from the International Monetary Fund, are paid off, deferred or forgotten.

RFK Jr. and Brian Hooker's *New* Book: "Vax-Unvax"

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Out of sight, out of mind

The problem with negotiations of the type that the WGIHR and INB are undertaking is that they're entirely undemocratic in the true sense of the word.

The people or electorates in the 196 countries involved, including 194 WHO "member states," don't get to have any kind of say.

That's because those engaged in the negotiations are unelected bureaucrats "doing a job" and there's no direct line of communication between elected representatives and these bureaucrats.

In many countries, a few, diligent elected representatives have tried raising their concerns in their own parliaments or assemblies. But we see a common pattern. Very few other representatives attend the hearings, and there is almost a whitewash on mainstream press coverage.

Take the British member of Parliament, Andrew Bridgen, for example. He has raised more than once, to an almost empty "house," the very concerns over the IHR amendments and "pandemic treaty" that we have been vocal about previously (such as here and here).

That includes the removal of the term "non-binding" from Article 1 and the insertion of the phrase in Article 13A that says "Member States [will] undertake to follow WHO recommendations."

But it's even worse than that. The vast majority of the public isn't even aware these negotiations are going on or what's at stake.

Why? Because concerns over the outcomes of the negotiations are just not being reported by the mainstream media.

Below you'll hear Congressman Andy Biggs (R-N.J.) raising awareness in Congress of his bill that pulls the U.S. out of the WHO.

Andy Biggs Claims The WHO Is 'Planning To Use The Next Epide...
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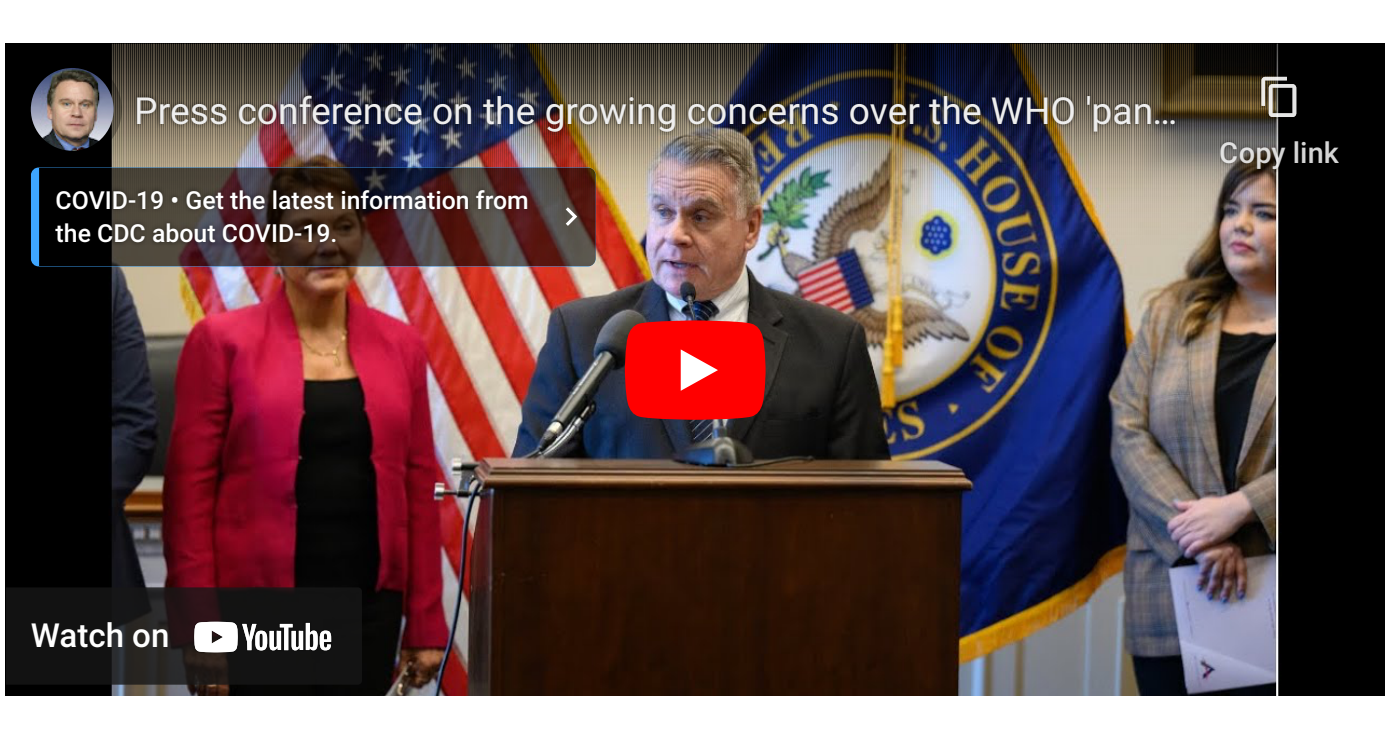
Another congressman, Chris Smith (R-N.J.), hosted a press conference on Feb. 5 about the "pandemic accord," with invited experts that was barely reported.

Included in the discussion was the lack of transparency, the backroom negotiations, WHO overreach, infringement on U.S. sovereignty, unknown financial obligations for U.S. taxpayers, threats to intellectual property rights, free speech, funding for abortion and how it will benefit China at the expense of the U.S.

You can watch the press conference below.


Press conference on the growing concerns over the WHO 'pan...
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None of these presentations by elected representatives make the mainstream press. The coverage in The New York Times is much more typical of how the mainstream media has been covering the IHR and the "pandemic treaty."

For example, type in the phrase "International Health Regulations" into the search box of the Times and you'll find no coverage of the negotiations.

You simply find articles that endorse the principle of the WHO running the show, such as this one published the day after the WHO declared the pandemic on March 12, 2020, with the title "The World Has a Plan to Fight Coronavirus. Most Countries Are Not Using it."

Type "pandemic treaty" into the U.K.'s The Guardian website and you'll find stories, such as this one, "Can a WHO pandemic treaty help poorer nations in future outbreaks?" (Aug. 10, 2023), that talks to the desperate need by poorer countries to receive vaccines in the event of a pandemic.

This is odd, given many of the poorest countries didn't have much of a need or interest in getting their hands on COVID-19 vaccines last time around.

This kind of reporting underpins the public relations exercise the WHO and its big contributors, including vaccine interests like the Gates Foundation and the GAVI Alliance, are promulgating to give the WHO more muscle, to make it the top dog in the hierarchy of global control of health — and more.

The WHO muscle-building plan

Ostensibly, the goals of the WHO are worthy, "to promote, provide and protect health and wellbeing for all people, everywhere."

These are the first three Ps that Ghebreyesus spoke of in his opening remarks to the 154th session of the Executive Board of the WHO on Jan. 22. (In case you wondered, the other two Ps are Power and Perform, concepts that can seem scary in the hands of an unaccountable body).

The WHO muscle-building plan can't happen overnight as it inevitably needs to follow the deceptive and insidious, well-trodden approach of "boiling the frog slowly" (in the hope everyone will get used to the direction of travel and succumb to it).

The manifesto is already scripted in the WHO's upcoming 14th General Programme of Work (GPW 14) (see Fig. 1) that's intimately connected to the United Nation's Sustainable Development Goals.

The WHO has found a way of putting health right at the center of what it calls the "converging crises" of climate, food, energy and geopolitics.

Figure 1. Extract from WHO "Towards GPW14 (2020-2028)" document, published July 2023. Source: WHO.

If that wasn't enough, the health of humans is now expected to be better managed by linking it directly to that of domestic and wild animals, plants and the wider environment through One Health.

This is described as a "unifying approach" that "aims to sustainably balance and optimize the health of people, animals and ecosystems."

With unbridled confidence, the WHO declares that "One Health can help to address the full spectrum of disease control — from prevention to detection, preparedness, response and management — and contribute to global health security."

It's a nice concept in that it recognizes the human interconnection with nature, but it's not so nice if it's all about installing top-down control over every facet of human, animal and planetary health, a concept that has been likened by those carrying the conspiracy theory tag on their foreheads as akin to global governance.

One significant problem with this globalized approach is that there's no evidence it works.

The authorities and most academics failed to see whether regionalization or individualization of approaches that included keeping schools open for children, avoiding the use of masks, or receiving any or multiple genetic vaccines during the height of the COVID-19 pandemic worked better than one-size-fits-all, globally controlled approaches.

As it happens, many of us in natural health circles did experience just how effectively individualized approaches, ones that ran diametrically against the WHO recommendations, worked.

I led a team that evaluated data collated by a U.K.-based non-profit called the Control Group, the works being subsequently published in the International Journal of Vaccine Theory, Practice, and Research, a journal specifically launched given most journals refusal to publish science that ran contrary to the narrative.

Regardless of push-back, a process continues to gather momentum that is in no way being supported by the majority of people on the planet, one that is attempting to centralize control over health, rather than individualizing it. This is being done without evidence of its value or ability to resolve our ever-growing health challenges.

The WHO has also scripted its plan in its updated document, "WHO benchmarks for strengthening health emergency capacities," as the title suggests, to show how different countries' health emergency capacities can be benchmarked so they can get behind the WHO's plan for health equity (read: authoritarian control).

Nowhere within the document is there any mention of how people's nutritional or immune status might be a useful benchmark of a country's capacity to withstand new infections. "Optimum vaccine coverage," by contrast, gets a big mention as a key benchmark.

Taken altogether, it is clear that the WHO is lock, stock and barrel sold on the idea that vaccines should be by far the most important medical intervention in the event of a new pandemic, and it's also clear that the WHO and its allies are desperately keen to make sure coverage is as complete as possible.

This rationale is astonishing in view of the facts that COVID-19 genetic vaccines failed to stop transmission, have driven (and continue to drive) the production of immune escape variants, caused more severe disease in those who took more than two shots and caused extensive harm (e.g., OpenVAERS data).

We all understand how higher coverage could be made to work, such as through mandates, coercion or withdrawing freedoms from those who choose to avoid.

We also recognize that elevated surveillance and so-called "vaccine passports" may well be forced through in the name of "global health security." Mention any of this to anyone who's sold on the plan, and you'll be told you're a conspiracy theorist. Just saying.

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Dissenters are full of 'fake news, lies, and conspiracy theories,' says Ghebreyesus

And guess what Ghebreyesus is saying about it all?

Apparently us dissenters have it badly wrong, that the proposed "binding" agreements that countries will vote on in May will all be brought to bear under national laws so the WHO can't be accused of any power grab.

At his Jan. 22 opening remarks at the informal briefing on the INB and WGIHR, Ghebreyesus said:

> "The INB and the IHR working group are operating amid a torrent of fake news, lies, and conspiracy theories.
>
> "There are those who claim that the pandemic agreement and IHR will cede sovereignty to WHO and give the WHO Secretariat the power to impose lockdowns or vaccine mandates on countries. You know this is fake news, lies, and conspiracy theories."

LIVE: #EB154 Informal session on the #PandemicAccord and In...
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From an international health authority
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The nub of the discrepancy in view boils down to who (pun 1) calls the shots and who (pun 2) maintains or delegates authority over which issues during a declared international health emergency. The WHO says the process is WHO member state-led therefore the WHO does not control it.

Opponents of the process, ourselves included, say by making the IHR binding (as proposed by amendment to Article 1 on Definitions), international law will have supremacy over national laws.

If that law places control during health emergencies into the hands of the WHO, nations will have elected to give up their powers on related matters, delegating them upwards to the WHO, justified presumably because these countries deem the WHO to be the most expert and powerful entity in the event of a global pandemic response.

In practice, this means, at least while an international public health emergency is active, nation-states will have effectively ceded their sovereignty to the WHO. While this seems like splitting hairs, what matters most is the effect, not the mechanism, of the process.

What next?

Feb. 9 marked the last day of the 7th (and penultimate) meeting of the WGIHR and we eagerly await outcomes, the summary of which will be delivered by public webcast.

Before the vote and adoption of the IHR amendments at the 77th meeting of the WHA at the end of May, it will take a further 18 months for these amendments to come into effect.

This time may provide additional opportunities for more pushback if the outcomes of the current negotiations and the May vote are unfavorable for individual health and national sovereignty.

There is no doubt that public pressure and political resistance are slowing down and complicating the plan to create a "safer and fairer world," one that massively disempowers the role of the physician and pretty much relegates the ever-more diluted, four guiding principles of contemporary medical ethics, namely autonomy, beneficence (doing good), maleficence (minimizing harm) and justice, to the trash can.

We will continue to stay on top of developments in these murky supranational negotiations and we'll keep providing our readers and subscribers with a view from the perspective of those who still value Justice Cardozo's 110-year-old perspective, that "Every human being of adult years and sound mind has a right to determine what shall be done with his own body."

As Canadian-American psychotherapist Nathaniel Branden famously said, "The first step towards change is awareness. The second step is acceptance."

Please circulate this article widely to your networks to improve awareness of these issues that are not being reported by the mainstream media, and help beat the censors.

Originally published by Alliance for Natural Health International.

Rob Verkerk, Ph.D., is the founder, executive and scientific director of the Alliance for Natural Health International.

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

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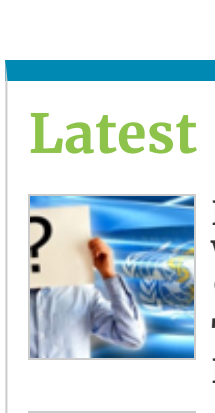

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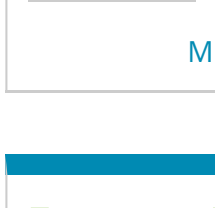

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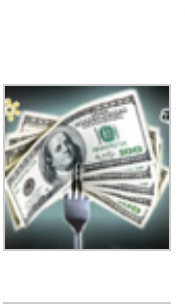

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holisticpoet
2 months ago

I am a free man and not a slave. Therefore am not required to follow any mandates or recommendations from any man or agency and will only follow the dictates of my own heart, and will only allow into my body what I see fit to allow. Any man or agency that attempts to force me to submit to any treatment for any disease against my will has broken God's law and man's law. I demand bodily autonomy and will not go quietly into that good night if it is attempted to be taken from me.

18 0 Reply

> **Jerry Alatalo** → holisticpoet
> 2 months ago
>
> If you thought the COVID-19 pandemic response by governments, health authorities, corporations and the media last time around was too heavy-handed, too top-down or too authoritarian, don't imagine the next one will be more even-handed.
>
> Conversely, if you thought the response wasn't sufficiently robust, that lockdowns weren't forceful or long enough, that there wasn't enough testing, tracking or surveillance, that mask-wearing wasn't mandated sufficiently, that people were given too much leeway to travel, that previously untrialled, novel genetic vaccines weren't rolled out quick enough or in sufficient number, or that those who exercised their right of refusal weren't penalized sufficiently, well … you're going to be thrilled with what's in the pipeline.
>
> *
>
> Please provide the following 82-page, evidence-filled legal document to your nearest American prosecutor(s) at the city, county, state and national levels. The courtrooms are the only place where this now 5-years-long global crime spree nightmare will (finally) become ended. Thank you.
>
> https://nationalarm.org/cov...
>
> 0 0 Reply

r2bzjudge
2 months ago

"The WHO says the process is WHO member state-led therefore the WHO does not control it."

That is the game Fauci played, along with the FDA. Fauci recommended people wear a mask, then state and local health boards mandated masks. They became Fauci's enforcers. The FDA said they didn't obstruct doctors from using Ivermectin, they just didn't recommend it. Other entities stepped up to obstruct prescribing it or filling prescriptions for those who did.

If the WHO recommends something and member states impose it, it doesn't really matter whether the WHO claims it is not in control. The WHO will be getting what it wants, anyway.

7 0 Reply

GarySummers
2 months ago

"A WUHAN IN YOUR BACKYARD? MORE THAN '200 DANGEROUS BIOLABS' RIGHT HERE IN THE U.S."

'California': "Governor Gavin Newsom, CCP $$$$?"
Upon entering the dimly lit building, Harper was met with a chilling sight: a 'clandestine operation' involving laboratory equipment, manufacturing devices, dangerous chemicals, and medical-grade freezers and containment units, all harboring thousands of vials of biological substances. "What sent shivers down her spine was the discovery that some of these vials bore labels in Mandarin, while others were shrouded in inscrutable codes, leaving their contents a sinister mystery."
https://www.zerohedge.com/s...

4 0 Reply

RMillsV
2 months ago

The WHO. A nexus of filthy corrupt international criminals who wake up everyday to parasitize upon the body of nations everywhere, constantly involved in eroding the sovereignty of nations and individuals with every possible globalist lever of money, media, and connections in racketeering.
Tedros, like Biden, constantly at work repaying their bribes from the CCP.
What to do about them all? For now:
Learn as much about their roster of toadies, their money-grubbing banking pipelines/laundering accounts. Build counter-intelligence against them.
Useful in their ultimate destruction. The means and fellowship in structures to effect that destruction of them are rising as our cultures are separating into poles of good vs evil.
Being honest in recognizing that they are operating so consistently in a satanic manner, clarifies they work for the father of all lies.
We will be the opposite of them, and serve the good and just God, to ultimately humble and crush them.

4 0 Reply

Gary Brown
2 months ago

January 17, 2024 World Health Organization Head: Global Compliance Needed For Next Pandemic

"Very narrow national interests should not come in the way". In a session titled "Disease X," Tedros Adhanom Ghebreyesus stated that in order to be "better prepared" and "to understand disease X," the WHO's 'Pandemic Agreement' needs to be adopted globally.

https://modernity.news/2024...

Jan 24, 2024 Hang on! Bill Gates just said WHAT about vaccines? Are you kidding?

Bill Gates and The British Medical Journal want "behavior interventions" to reduce vaccine hesitancy. They don't promise better research or honest answers to earnest questions about vaccines. No, they want to modify OUR behavior so that we don't ask questions. But...we still have questions.

see more

2 0 Reply

Eileen
2 months ago

https://open.substack.com/p...

The debate about the germ and contagion theory and the terrain theory is crucial and urgent. It could help end the health excuse for totalitarian control.

2 0 Reply

> **CastleConnell** → Eileen
> 2 months ago
>
> I think Dr. Sam Bailey is creating harm. We need viruses to survive. 8% of our genome is derived from viral genetic material. Viruses are part of the cycle of photosynthesis from ocean microbes giving us 50%^ of the planet's oxygen. Viruses are part of natural ecosystems that are necessary for homeostasis. Denying all of this is delusional.
>
> 0 0 Reply

Greebo
2 months ago

Everything the WHO told us about the Plandemic was WRONG & their disinformation is responsible for millions of deaths. So now they expect us to allow them to dictate what treatments our physicians are allowed to give to us? If we allow that,we deserve to receive the Darwin Award for incredible stupidity.

1 0 Reply

GarySummers
2 months ago

WHO: China Tedros: "Not Even A Mediacl Doctor"! :D
Born in the Eritrean city of Asmara, Dr Tedros graduated from the University of Asmara with a Bachelor of Biology, before earning a Master of Science (MSc) in Immunology of Infectious Diseases from the University of London, a '*Doctorate of Philosophy (PhD)*' in Community Health from the University of Nottingham and an Honorary Fellowship from the London School of Hygiene and Tropical Medicine.
https://www.who.int/directo...

1 0 Reply

Kim Hodson
2 months ago

Did you mean to say second step to change is resistance? Not acceptance?

1 0 Reply

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